



1572 EQUIVALENT

1. NAME AND ADDRESS OF INVESTIGATOR	
2. EDUCATION, TRAINING, AND EXPERIENCE QUALIFIES THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG / DEVICE FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS ATTACHED: <input type="checkbox"/> CURRICULUM VITAE <input type="checkbox"/> OTHER STATEMENT OF QUALIFICATIONS	
3. NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL, OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED.	
4. NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITY TO BE USED IN THE STUDY.	
5. NAME AND ADDRESS OF THE IRB THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES). Aspire IRB 9320 Fuerte Drive, Suite 105 La Mesa, CA 91941	
6. NAMES OF THE SUBINVESTIGATORS (e.g., research fellows, residents, associates) WHO WILL BE ASSISTING THE INVESTIGATOR IN THE CONDUCT OF THE STUDY(IES). 7.	
8. NAME AND CODE NUMBER, IF ANY, OF THE PROTOCOL(S) TO BE CONDUCTED BY THE INVESTIGATOR.	
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<i>SIGNATURE OF PRINCIPAL INVESTIGATOR</i>	<i>DATE</i>

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